

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	609861	6/20
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	11	8/28/00
FORMALITY REVIEW	<i>[Signature]</i>	7162P	8-11-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	7162P	10-26-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-09-00
2	✓	✓	11-09-00
3	✓	✓	11-09-00
4	✓	✓	11-09-00
5	✓	✓	11-09-00
6	✓	✓	11-09-00
7	✓	✓	11-09-00
8	✓	✓	11-09-00
9	✓	✓	11-09-00
10	✓	✓	11-09-00
11	✓	✓	11-09-00
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48	✓	✓	11-09-00
49	✓	✓	11-09-00
50	✓	✓	11-09-00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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